

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

04835 T

CERTIFICATE OF DEATH

Reg. Distr. No. 62

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

20 years

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

6. (c) If alive, give age

years

B. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Buried

(Burial, cremation, or removal. Which)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Day rec'd by registrar)

1945

(Day rec'd by registrar)

M. D. or other

Registrar

Registrar

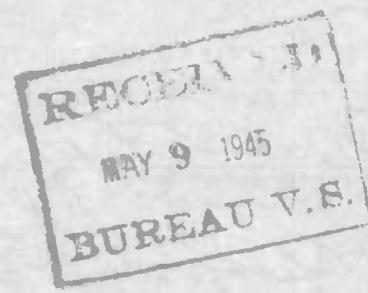
23. SIGNATURE

Address

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

704836

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County..... *Caroline*City or town..... *Greensboro* Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *15 years*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Lotta R. Cook

4. Sex

F.

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Frank Cook

7. Birth date of

deceased (mo., day, yr.)

April 17. 1882

8. (c) If alive, give age

70

years

8. AGE:

Years

Months

Days

It less than one day

63

1

6

hrs.

min.

9. Birthplace

Devondale Creek N.J.

(Town, county, and state)

10. Usual occupation

Housing -

11. Industry or business

Amos Pepper

FATHER

MOTHER

12. Name

Amos Pepper

13. Birthplace

N.J.

14. Maiden name

Mary S. Ayers

15. Birthplace

N.J.

16. Informant

Frank Cook

Address

Greensboro Md.

17. Burial

*Burial*Date thereof *May 26. 1945*

(month)

(day)

(year)

Cemetery or crematory

Greensboro

Location

Greensboro Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro Md.

19. Date rec'd by registrar

May 25 1945 L. McPhee

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... *Md.*

County.....

Caroline

City or town.....

Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 23

1945

at 4:38 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

19.....

and that I last saw h..... alive on

19.....

Immediate cause of death.....

Due to *Coronary Occlusion*

DURATION

Due to *Hysteria & Cancer of Breast*

sudden

3 yrs.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Data of op.

Antepartal results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

James D. George

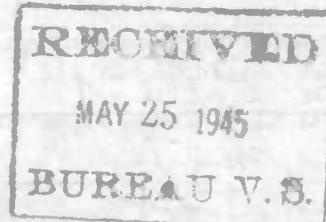
M. D. or other

Address.....

Dentist Md.

Date signed

5/29/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

04837

Reg. Dist. No. 62

1. PLACE OF DEATH:

County

CAROLINE

City or town

DENTON, MD

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

18 MONTHS

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

HATTIE E. DAVIS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE

WHITE

MARRIED

6. (b) Name of husband or wife

THOS. F. DAVIS

7. Birth date of deceased (mo., day, yr.)

AUG 1, 1876

6. (c) If alive, give age

72

years

8. AGE:

Years

Months

Days

If less than one day

68

9

7

hrs.

min.

9. Birthplace

ROCK HALL, MD.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

JAMES A. CASEY

FATHER

12. Name

MOTHER

13. Birthplace

MARY K. COLEMAN

14. Maiden name

Md.

15. Birthplace

16. Informant

Address

17. BURIAL

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date thereof

(month)

(day)

(year)

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

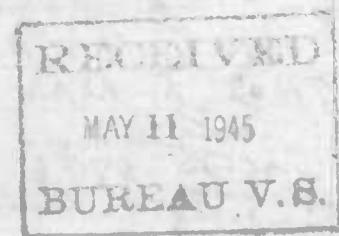
23. SIGNATURE

M. D. or other

Address

Date signed

VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

04838

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 years

Hospital, Institution, or street address where death occurred:

Reliance AvenueHow long in hospital or institution? —

3. (a) FULL NAME

Harvey Evans

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteWidowed

6. (b) Name of husband or wife

Edith V. Evans

7. Birth date of deceased (mo., day, yr.)

November 16, 18728. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

72

5

21

hrs.

min.

9. Birthplace

Caroline County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Day Laborer

11. Industry or business

Poultry & Egg Concentrator

FATHER

12. Name David S/R. Evans

MOTHER

13. Birthplace Caroline County, Maryland

14. Maiden name

Mary Elizabeth Bland

15. Birthplace

Talbot County, Maryland

16. Informant

Mrs. Hattie Woodward

Address

Federalsburg, Maryland

17. Burial

May 10, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Tree Crest Cemetery

Location

Federalsburg, Maryland

18. Funeral director

J. F. Trumpton and Son

Address

Federalsburg, Maryland19. May 9, 1945

(Date rec'd by registrar)

J. J. Frampton

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty CarolineCity or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. Reliance Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

213-03-9675

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 7

1945 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1943, to May 7, 1945and that I last saw h.c.p. alive on May 7th, 1945

Immediate cause of death

Coronary Thrombosis DURATION 12 hrs.Due to Chronic Myocarditis 3 yrs.Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

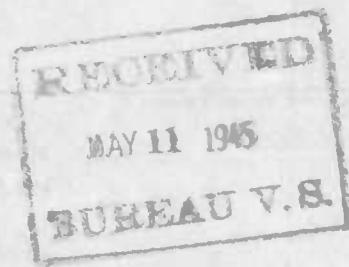
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. AndersonM. D. —Address Federalsburg, MdDate signed 5/8/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

04839

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County.....

Baltimore

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Florence

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

May 8, 1945

6. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

2.

hrs.

min.

9. Birthplace.....

Denton, Maryland

10. Usual occupation.....

11. Industry or business.....

12. Name

Barbara Florence

13. Birthplace

Maryland

14. Maiden name

Elsie Sibley

15. Birthplace

Maryland

16. Informant

Lillian Sibley

Address

Denton, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof: 5-11-45
(month) (day) (year)

Cemetery or crematory

Spring Brook Cemetery

Location

Denton, Maryland

18. Funeral director

J. Stinson & Son

Address

Denton, Maryland

19. 5-11

(Date rec'd by registrar) 1945

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Cecil

City or town

Denton

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

Florence

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 10, 1945 at 4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., fo..... 19.....

and that I last saw h..... alive on.....

19.....

Immediate cause of death.....

DURATION

Due to: Premature Birth

7 mos

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Hanson & George

M. D. or other

Denton

Date signed 5/11/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of year of birth is shown on ILM 110. G 96 JUN 21 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94-42

04840

Reg. Dist. No.

64

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

Caroline

Federalsburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

35 yrs

How long in above place of death?

Hospital, Institution, or street address where death occurred:

102 Academy Ave.

How long in hospital or institution?

3. (a) FULL NAME

Wm. R. Hoslin

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M.

white

married

8. (b) Name of husband or wife

Carrie E. Hoslin

70

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

December 28, 1868 1867

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Federalsburg, Md.

(Town, county, and state)

10. Usual occupation

retired

11. Industry or business

11

12. Name

Thomas R. Hoslin

13. Birthplace

Federalsburg, Md.

14. Maiden name

Isabella Tracy

15. Birthplace

Federalsburg, Md.

16. Informant

Mrs. Carrie Hoslin

Address

Federalsburg, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

(month) (day) (year)

Cemetery or crematory

Bel Air Cemetery

Location

Federalsburg, Md.

18. Funeral director

Harry A. Wilson

Address

Federalsburg, Md.

19. Date rec'd by registrar

June 1, 1945

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 30,

1945, at 1:15

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 30 1945 to May 30 1945

and that I last saw him alive on May 30 1945

1945

Immediate cause of death

Coronary thrombosis

DURATION

10 min.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank M. Anderson M. D. or other

Address Federalsburg, Md. Date signed 5/31/45



1
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

04841 T

FILE N^o G 95 MAY 21 1945

Reg. Dist. No. 61

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Caroline
 County: Greebboro
 City or town: Greebboro (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced Single.

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Nov. 17 1953 6. (c) If alive, give age years

8. AGE: 31	Years - 32	Months 6	Days 24	If less than one day hrs. 0	min. 0
------------	------------	----------	---------	-----------------------------	--------

9. Birthplace Greebboro Caroline Md (Town, county, and state)10. Usual occupation Subsider11. Industry or business Stole Road.12. Name Robert E. Jones.13. Birthplace Md.14. Maiden name Ralie Gray.15. Birthplace Md.16. Informant Harry Jones.Address Baltimore Md.17. Burial (Burial, cremation, or removal. Which?) Date thereof May 13, 1946 (month day year)Cemetery or crematory Jones-Burial Ground.Location Greebboro Md.18. Funeral director Raymond B. RawlingsAddress Greebboro Md.19. Date reg'd by registrar May 12 1945 L. McPhee

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Md. County Caroline
 City or town Greebboro Md. (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number 918-14-4522

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1945 at 6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____ and that I last saw him alive on _____

Immediate cause of death _____

Due to Burn shot wound of head

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Assault Date of 5-9-45Where did injury occur? Greebboro (City or town) Caroline (County) Md. (State)

Injured at home, farm, industry, public place (where?) _____

Meas of injury Burn shot wound Injured at work? no23. SIGNATURE Alanson D. George - cus- M. D. or other _____Address Wentor Mr. Date signed 5/10/45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13d

04842

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yearsHospital, Institution, or street address where death occurred: Smithville Road

How long in hospital or institution? _____

3. (a) FULL NAME

Sallie M. Yabb4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Tristram D. Yabb7. Birth date of deceased (mo., day, yr.) June 28, 1876 6. (c) If alive, give age 72 years8. AGE: Years 68 Months 10 Days 17 It less than one day hrs. min.9. Birthplace Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Housework11. Industry or business Home12. Name Samuel Corbin13. Birthplace Dorchester County, Maryland14. Maiden name Mary E. Harper15. Birthplace Dorchester County, Maryland16. Informant Tristram D. YabbAddress Federalburg, Maryland, P.T.D.17. Burial Burial Date thereof May 17, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market CemeteryLocation East New Market, Maryland18. Funeral director J. J. Frampton & SonAddress Federalburg, Maryland19. May 17 1945 J. J. Frampton

(Date rec'd by registrar) (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Smithville Road
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1945 at 4 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1945 to May 15 1945 and that I last saw her alive on May 15 1945.

Immediate cause of death

Coronary thrombosis DURATION 4 hrs.Due to Chronic prostatitisof prostatism DURATION 5 yrs.Due to Chronic prostatitis DURATION 3 yrs.Other conditions (Include pregnancy within 8 months of death)Major findings of operations Date of op.Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

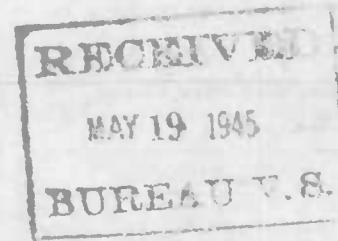
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?23. SIGNATURE Frank M. Anderson M.D. M. D. or otherAddress Federalburg, Maryland Date signed 5/17/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1342

CERTIFICATE OF DEATH

T
04843

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CarolineCity or town Greensboro

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred:

Now long in hospital or institution?

3. (a) FULL NAME

George H. Nashold4. Sex M5. Color or race W.6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Anna Nashold

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age 48 yearsSept 5 1888

8. AGE:

Years 56Months 7Days 27

If less than one day

hrs.

min.

9. Birthplace Wyoming Wis

(Town, county, and state)

10. Usual occupation Trucker11. Industry or business Produce

MOTHER

FATHER

12. Name George Nashold13. Birthplace Wis14. Maiden name Mary Stone15. Birthplace Wis16. Informant Mary BoosmanAddress Greensboro Md

17. Burial

(Burial, cremation, or removal. Which?) CrematedDate thereof May 9 45

(month) (day) (year)

Cemetery or crematory GreensboroLocation Greensboro Md18. Funeral director Raymond B. RawlingsAddress Greensboro Md19. Date rec'd by registrar May 7 1945

J. Mc. P. J. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MdCounty CarolineCity or town Greensboro

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (n) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21945, st. 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 24 1944 to May 2 1945 and that I last saw him alive on May 1 1945Immediate cause of death Cardiac ArrestIntoxication & TremorsDue to DrugsDue to DrugsOther conditions Organic Disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

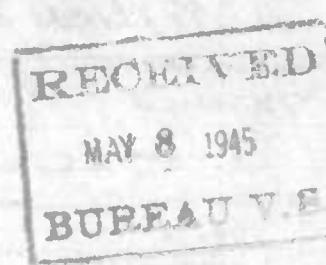
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE George H. Nashold

M. D. or other

Address Greensboro MdDate signed

VS A15



1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

7
04844
Reg. Dist. No. 63

1. PLACE OF DEATH:

County..... Caroline
City or town..... Preston, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Cora Fisher Noble

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

C. Fulton Noble

7. Birth date of deceased (mo., day, yr.)

July 28, 1879

6. (c) If alive, give age 68 years

8. AGE:

Years
65Months
10Days
1

11 less than one day

hrs. min.

9. Birthplace

Friendship (Caroline) Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

James S. Willis

MOTHER FATHER

12. Name

Friendship, Md.

13. Birthplace

Mary Shufelt

14. Maiden name

New York, N. Y.

15. Birthplace

C. F. Noble

16. Informant

Address

Preston, Md.

17. Burial

Date thereof May 31, 1945

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Spring Hill

Location

Easton, Md.

18. Funeral director

W. H. Hollis & Son

Address

Preston, Md.

19. May 31

1945

(Date rec'd by registrar)

C. H. Plummer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline

City or town..... Preston (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 29

1945, at 11:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 29, 1945, to May 29, 1945, and that I last saw her alive on May 29, 1945.

Immediate cause of death Reg. Fetus + IC Myocarditis

Inflammation

DURATION

1 minute

Due to Auto Cervix Myocarditis

5 days

Due to Cervix Sepsis

?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harry B. Plummer

M. D. or other

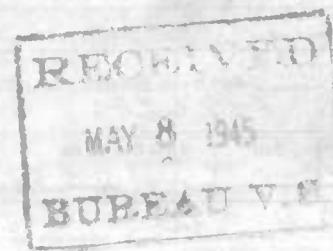
Address

Date signed 5/31/45



RECEIVED TO THE STATE DEPARTMENT
BY THE SECRETARY OF STATE
RECEIVED TO BE AUTHORIZED

RECEIVED BY THE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

04846

CERTIFICATE OF DEATH

Reg. Dia. No. 66

1. PLACE OF DEATH:

County.....*Caroline*City or town.....*Ridgely*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....*55 yrs.*

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

David Wulford Davis

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

*M.**W.**Married*6. (b) Name of husband or wife.....*Dela Thompson Davis*6. (c) If alive, give age.....*75* years7. Birth date of deceased (mo., day, yr.).....*Nov. 1, 1866*8. AGE: Years.....*78* Months.....*6* Days.....*46* If less than one day.....9. Birthplace.....*Bridgeton, N.J.* (Town, county, and state)10. Usual occupation.....*Petrol Danner*

11. Industry or business

12. Name.....*Michael W. Davis*13. Birthplace.....*N.J.*14. Maiden name.....*Ellen Wulford*15. Birthplace.....*N.J.*16. Informant.....*Thompson Davis*Address.....*Ridgely, Md.*17. Burial.....*Burial* Date thereof.....*May 28, 1945* (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....*Deaton*Location.....*Deaton, 2nd.*18. Funeral director.....*Elvin Clark*Address.....*Boston, Md.*19. Date rec'd by registrar.....*May 28, 1945*

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....*Maryland County*City or town.....*Ridgely*

(If outside city or town limits, write RURAL and give nearest town)

Street No.....*Central Ave*

(If rural, give LOCATION)

2. (a) If veteran, name war.....*NO*

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*May 27, 1945* at *12:45 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 19, 1945 to *May 27, 1945*and that I last saw him alive on *May 26, 1945*Immediate cause of death.....*Coronary Thrombosis*

DURATION

*7 hrs*Due to.....*arteriosclerosis*& *coronary sclerosis*

DURATION

year

Due to.....

Other conditions.....*Deafness Chronic**year*

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....*✓*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....*W. W. Davis, M.D.*

M. D. or other

Address.....*Ridgely, Md.*Date signed *5-28-45*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

04847

61

Reg. Dist. No.

1. PLACE OF DEATH: Caroline
 County Greensboro Rural
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?

3. (a) FULL NAME Mary E. Thomas

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced Widowed

8. (b) Name of husband or wife William Thomas

7. Birth date of deceased (mo., day, yr.) May 1, 1879 8. (c) If alive, give age years

8. AGE: Years 70 Months Days 8 If less than one day hrs. min.

9. Birthplace Greensboro Caroline Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Alexander Thomas

12. Name Alexander Thomas
 FATHER 13. Birthplace Md.

MOTHER 14. Maiden name Mary Bee
 15. Birthplace Md.

16. Informant James Johnson
 Address Greensboro Md.

17. Burial Date thereof May 12/1945
 (Burial, cremation, or removal. Which?) Burial (month) (day) (year)

Cemetery or crematory Union

Location Near Greensboro Md.

18. Funeral director Raymond B. Rawlings
 Address Greensboro Md.

19. Date Rec'd by registrar May 10 1945 S. M. Lippincott
 (Date Rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Md County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 9 19 45 at 7:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 5 19 45 to May 9 19 45 and that I last saw her alive on May 8 19 45

Immediate cause of death Cerebral Hemorrhage
to term fetus

Due to External Accelerated
Cardiovascular Disease

Due to

Other conditions Reute Cerebro 2 weeks
 (Include pregnancy within 3 months of death)

Major findings or operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Carla H. Thomas M. D. or other Raymond B. Rawlings
 Address Greensboro Md. Date signed May 10 1945

